

## FOLLOW INSTRUCTIONS

**A. NAME & PHONE OF CONTACT AT FILER (optional)**

BTH Bank, National Association 9037632264

**B. E-MAIL CONTACT AT FILER (optional)****C. SEND ACKNOWLEDGMENT TO: (Name and Address)**

BTH Bank, National Association

P.O. Box 7220

Tyler, TX 75711

USA

**FILING NUMBER: 18-0044474375****FILING DATE: 12/20/2018 04:58 PM****DOCUMENT NUMBER: 857314940002****FILED: Texas Secretary of State****IMAGE GENERATED ELECTRONICALLY FOR WEB FILING****THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 1a. ORGANIZATION'S NAME

OR

**Empire Countertops, LLC**

## 1b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 1c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

**1137 Enterprise Drive****Pilot Point****TX****76258****USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 2a. ORGANIZATION'S NAME

OR

## 2b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 2c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

## 3a. ORGANIZATION'S NAME

OR

**BTH Bank, National Association**

## 3b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 3c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

**PO Box 7220****Tyler****TX****75711****USA**

4. COLLATERAL: This financing statement covers the following collateral:  
All of Debtor's rights, title and interest in and to the following, which shall include All Assets for the avoidance of doubt: all Goods, Equipment, Inventory, Contract Rights, Rights to Payment of Money, Leases, License Agreements, Franchise Agreements, General Intangibles (including payment intangibles), Accounts, Documents, Instruments (including any promissory notes), Chattel Paper (whether tangible or electronic), Cash, Deposit Accounts, Fixtures, Letters of Credit Rights (whether or not the Letter of Credit is evidenced by a writing), Commercial-Tort Claims, Securities and all other Investment Property, Supporting Obligations, Financial Assets, and proceeds of the foregoing, whether now owned or later acquired, wherever located

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

UNISEARCH, INC. - WA 360 956-9500

## B. E-MAIL CONTACT AT FILER (optional)

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

UNISEARCH, INC. - WA  
1780 BARNES BLVD SW  
Tumwater, WA 98512  
USA

FILING NUMBER: 22-0002136531

FILING DATE: 01/14/2022 05:44 PM

DOCUMENT NUMBER: 1111681970006

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 1a. ORGANIZATION'S NAME

OR

**Empire Countertops, LLC**

## 1b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 1c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

**1137 Enterprise Drive****Pilot Point****TX****76258****USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 2a. ORGANIZATION'S NAME

OR

## 2b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 2c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

## 3a. ORGANIZATION'S NAME

OR

**Newtek Small Business Finance, LLC**

## 3b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 3c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

**1981 Marcus Avenue, Suite 130****Lake Success****NY****11042****USA**

4. COLLATERAL: This financing statement covers the following collateral:  
All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box.

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

1853447

FILING OFFICE COPY

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> CSC
<b>B. E-MAIL CONTACT AT FILER (optional)</b>
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA

**FILING NUMBER:** 22-0017785234  
**FILING DATE:** 04/08/2022 06:27 PM  
**DOCUMENT NUMBER:** 1138191980001  
**FILED:** Texas Secretary of State  
**IMAGE GENERATED ELECTRONICALLY FOR XML FILING**  
**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME - Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)				
OR	1a. ORGANIZATION'S NAME <b>Empire Countertops, LLC</b>			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>1137 Enterprise Drive</b>		CITY <b>Pilot Point</b>	STATE <b>TX</b>	POSTAL CODE <b>76258</b>
COUNTRY <b>USA</b>				
2. DEBTOR'S NAME - Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)				
OR	2a. ORGANIZATION'S NAME <b>EMPIRE PP HOLDINGS, LLC</b>			
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>1137 Enterprise Drive</b>		CITY <b>Pilot Point</b>	STATE <b>TX</b>	POSTAL CODE <b>76258</b>
COUNTRY <b>USA</b>				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only <u>one</u> Secured Party name (3a or 3b)				
OR	3a. ORGANIZATION'S NAME <b>The LCF Group, Inc.</b>			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>3000 Marcus Avenue, Suite 2W15</b>		CITY <b>Lake Success</b>	STATE <b>NY</b>	POSTAL CODE <b>11042</b>
COUNTRY <b>USA</b>				
4. COLLATERAL: This financing statement covers the following collateral: All Assets now owned or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables; b. Chattel Paper; c. Inventory; d. Equipment; e. Instruments, including but not limited to, Promissory Notes; f. Investment Property; g. Documents; h. Deposit Accounts; i. Letter of Credit Rights; j. General Intangibles; k. Supporting Obligations; and l. Proceeds and Products of the foregoing. Notice Pursuant to an agreement between Debtor and Secured Party, Debtor has agreed not to further encumber the collateral described herein, the further encumbering of which may constitute the tortious interference with the Secured Party's right by such encumbrancer in the event that any entity is granted a security interest in the Debtor's accounts, chattel paper or general intangibles contrary to the above, the Secured Party asserts a claim to any proceeds thereof received by such entity.				
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing				
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				
8. OPTIONAL FILER REFERENCE DATA: [230150396]				

9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>1137 Enterprise Drive</b>	<b>Pilot Point</b>	<b>TX</b>	<b>76258</b>	<b>USA</b>

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
----------------------	------	-------	-------------	---------

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT ☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS				
9: NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here <input type="checkbox"/>				
OR	9a. ORGANIZATION'S NAME <b>Empire Countertops, LLC</b>			
	9b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
10. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (10a or 10b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
OR	10a. ORGANIZATION'S NAME			
	10b. INDIVIDUAL'S SURNAME <b>Mahoney</b>	FIRST PERSONAL NAME <b>Curtis</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Mitchell</b>	SUFFIX
10c. MAILING ADDRESS <b>1137 Enterprise Drive</b>		CITY <b>Pilot Point</b>	STATE <b>TX</b>	POSTAL CODE <b>76258</b>
			COUNTRY <b>USA</b>	

FILING OFFICE COPY

## UCC FINANCING STATEMENT

## Plaintiff's Exhibit 5

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> JOHN JAMES
<b>B. E-MAIL CONTACT AT FILER (optional)</b>
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> **CT Lien Solutions 2929 Allen Parkway, Ste. 3300 Houston, TX 77019 USA

FILING NUMBER: 22-0021555244

FILING DATE: 04/29/2022 09:26 AM

DOCUMENT NUMBER: 1144257890001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING  
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)				
1a. ORGANIZATION'S NAME <b>EMPIRE COUNTERTOPS, LLC</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>1137 ENTERPRISE DR</b>				
CITY <b>PILOT POINT</b>		STATE <b>TX</b>	POSTAL CODE <b>76258</b>	COUNTRY <b>USA</b>
2. DEBTOR'S NAME - Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)				
2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS				
CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only <u>one</u> Secured Party name (3a or 3b)				
3a. ORGANIZATION'S NAME <b>EAGLE EYE ADVANCE LLC</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>254 36TH ST</b>				
CITY <b>BROOKLYN</b>		STATE <b>NY</b>	POSTAL CODE <b>11232</b>	COUNTRY <b>USA</b>
4. COLLATERAL: This financing statement covers the following collateral: Merchant hereby sells, assigns and transfers to EEA all of Merchant's future accounts, contract rights and other obligations arising from or relating to the payment of monies from Merchant's customers and/or other third party payers for the payment of Merchant's sale of goods or services until the full amount (\$637,500.00) has been remitted from the Merchant to EEA.				
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative				
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility				
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				
8. OPTIONAL FILER REFERENCE DATA:				

FILING OFFICE COPY